

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 870)**

SERIAL NO

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
1	1					
2						
3						
4						
5						
6						
7						
8						
9	1					
10						
11						
12						
13						
14	1					
15						
16						
17	1					
18						
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20						
21						
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40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL NO.	4					
TOTAL DEF.	18					
TOTAL	22					

	NO.	DEF.	NO.	DEF.	NO.	DEF.
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
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95						
96						
97						
98						
99						
100						
TOTAL NO.						
TOTAL DEF.						
TOTAL						